

Consumer Research Findings

Summary Report on the Medicare Population with Hearing Loss

Executive Summary

Background

As part of its long-term strategic plan, the Health Care Financing Administration (HCFA) has undertaken an Agency-wide initiative to adapt its operations to improve communications with Medicare beneficiaries and with its provider partners. Helping beneficiaries to understand their choices among health care plans, providers, and treatment options and the implications of those choices on cost, quality, access and outcomes is especially important now that the Balanced Budget Act of 1997 (BBA) has expanded the health plan options available to beneficiaries. The full range of choices envisioned under BBA is not currently available in the market but an increasing number of beneficiaries will face a much more complex set of choices in the coming years. Medicare beneficiaries not only need to understand the various features of these different options to choose the design that best meets their needs, they also need basic knowledge about many aspects of the Medicare program.

Research Purpose and Methods

The Market Research for Beneficiaries project was designed to provide HCFA with answers to the two fundamental questions that underlie effective communication:

- What information do beneficiaries want or need from HCFA?
- What are the best ways to communicate that information to them?

The Market Research for Beneficiaries project collected data from three sources to answer the questions:

- An inventory of perceived information needs and effective communication strategies from a variety of organizations and individuals who work directly with Medicare beneficiaries,
- Focus groups with Medicare beneficiaries, and
- A national survey of the Medicare population - the Medicare Current Beneficiary Survey (MCBS).

Each of the three data sources has particular strengths. Together, they can provide HCFA with a broad, deep, and representative understanding of communication with beneficiaries. The survey of Medicare beneficiaries helps ensure that the information gathered is representative of Medicare beneficiaries,¹ while the focus groups and inventory of organizations contribute more in-depth information than can be obtained from a large-scale survey. A description of methodologies for each of the data collection tools is contained in a separate appendix.²

As part of HCFA's commitment to adapt its operations and communication strategies to better serve all Medicare beneficiaries, the Agency identified a diverse set of beneficiary subgroups that it believes may have special information needs regarding the Medicare program or that may require innovative communication approaches to

effectively convey information to the subgroup. This report synthesizes key findings from the three data sources for one of the identified "hard to reach" beneficiary subgroups – beneficiaries with hearing loss (either with some hearing loss or profound hearing loss). The report compares the subgroup's information needs and best communication strategies with those of the general elderly Medicare population. Additional summary reports examine the information needs and best communication strategies for African American beneficiaries, Hispanic beneficiaries, beneficiaries dually-eligible for Medicaid and Medicare, beneficiaries who live in rural areas, beneficiaries with low education or literacy levels, and beneficiaries with vision loss.

Key Findings and Implications for HCFA

Key Findings

Key findings about Medicare beneficiaries with hearing loss include the following central points:

- Elderly beneficiaries with some hearing loss (those with moderate or profound hearing loss) represent about 42 percent of the total elderly Medicare population.
- Because they comprise such a large fraction of the elderly population and are represented in all age groups and socio-demographic categories, beneficiaries with hearing loss have generally the same needs and expectations about information and information sources as the general Medicare population.
- Profoundly individuals with profound hearing loss, accounting for about 0.1 percent of the total elderly Medicare population, comprise the other end of the spectrum of hearing loss. Their primary form of communication is visual, such as through American Sign Language (ASL) or print materials.
- Unlike those who have lost hearing in later years, individuals who had profound hearing loss early in life are more likely to have developed effective personal communication channels and tools that either allow them to access information or call upon a resource to interpret or access the information for them. MCBS respondents with profound hearing loss often reported needing less additional information than other beneficiaries, and relied less on Medicare, and more on community organizations for individuals with profound hearing loss, for Medicare-related information.
- Important additional information needs of beneficiaries with hearing loss focus primarily on the condition itself (e.g., diagnosis and treatment for hearing loss, coverage of assistive listening devices, and cost of hearing treatments).
- Beneficiaries with hearing loss, like the general Medicare population, prefer to get information on Medicare-related topics directly from Medicare (i.e., HCFA). Individuals with hearing loss prefer to get information on staying healthy from their own health care providers.
- Beneficiaries with some hearing loss, like the general elderly Medicare population, tend to prefer face-to-face, in-person communication. This communication method allows beneficiaries with hearing loss the opportunity to read lips and/or ask for clarification.
- In the MCBS, however, a much smaller proportion of beneficiaries with profound hearing loss listed talking with someone in person as a preferred

- way to acquire information about the Medicare program, compared with the general Medicare population.
- Closed captioning on videotapes, television programs, and advertisements about Medicare- and health-related information is needed to compensate for the impact of hearing impairments on the ability of all beneficiaries with hearing loss to access information.
 - Beneficiaries with some hearing loss also prefer written information because it reduces miscommunication and misinterpretation.
 - Because many individuals with profound hearing loss do not read beyond the fourth grade level, however, many important documents and printed materials are not useful for this small group of beneficiaries. The primary consideration when disseminating information to these beneficiaries is to provide it in sign language through established channels within the community of individuals who have profound hearing loss.
 - Perhaps more important than particular sources of information for beneficiaries with some hearing loss and beneficiaries with profound hearing loss is the way in which information is disseminated.

Implications for HCFA

HCFA should consider the following when designing communications directed at beneficiaries with hearing loss:

- Because such a large percentage of the Medicare population has some hearing loss, all audible communications should be designed to accommodate beneficiaries with hearing loss, such as using closed captioning for all video communications and ensuring that TTY access works smoothly by providing training to workers who answer TTY phone calls.
- Moreover, the social stigma and self-esteem issues associated with hearing loss may cause beneficiaries to not readily admit they have difficulty hearing. Communication strategies involving audible communication, therefore, should not rely on beneficiaries identifying themselves as having trouble hearing to implement features that will enable beneficiaries with hearing loss to use these communication modes. HCFA should also continue to make any information that is communicated audibly available through alternative modes, such as by increasing access to computer and/or web-based information sources, and using brochures and other simple printed materials so beneficiaries do not need to depend on their hearing for the information and can refer back to them as needed.
- In addition, an important first step in disseminating information is to broadly advertise that hearing loss is nothing to be ashamed of and that help is available. Testimonials are particularly effective in this regard. Because of the prevalence of hearing loss, broad advertisements through mass media can be extremely effective, especially when they use well-known celebrities or public figures.

- Information on hearing loss, prevention, and treatment probably would be useful to both beneficiaries with and without hearing loss, because overall the Medicare population remains largely uninformed about hearing loss and treatment options.
- Beneficiaries with hearing loss prefer the same broad modes of communication as the general Medicare population (e.g., in-person communication, brochures, television, and newspapers) but need them to be adapted for their hearing difficulties.
 - For example, individuals with hearing loss need closed captioning for television and video communications.
 - Face-to-face communication can be facilitated through partnering with key community organizations that work with individuals who have some or profound hearing loss. This is also an effective way to share information and enhance services for this population.
 - In-person communication through telephone hotlines can use technologies that enable both individuals with some hearing loss and those with profound hearing loss to better access this mode of communication, including telephone amplification devices, text telephones, and facsimile transmission.
- Because beneficiaries with some hearing loss do not share a common language, such as ASL, and can no longer reliably depend on the spoken word for information, dissemination through a variety of channels (e.g., television, newsprint, radio, brochures) and at a variety of locations (e.g., neighborhood banks, senior centers, doctor's offices) is important. Because beneficiaries with hearing loss may isolate themselves, communication through closed-captioned television and through organizations who work with home-bound individuals or other organizations that go directly to seniors' home to assist them are important avenues of communication for Medicare information.
- Beneficiaries with profound hearing loss are likely to have well-established communication networks and information channels. The community of individuals with profound hearing loss is small and close knit, making a broad approach unnecessary for this group.

Organization of Report

This report is organized into four additional chapters:

- A profile of Medicare beneficiaries with hearing loss, with their characteristics compared with those of the general elderly Medicare population;
- A summary of information needs, Medicare-related knowledge, and information preferences of beneficiaries with hearing loss;
- A discussion of information sources preferred by beneficiaries with hearing loss; and
- A discussion of communication modes preferred by beneficiaries with hearing loss.

¹The MCBS data used in this report apply only to Medicare beneficiaries age 65 years old or older who were not living in a short-term or long-term care facility during the first two rounds of data collection in 1997.

²See the Appendix to Cahill, et al., Increasing Medicare Beneficiary Knowledge Through Improved Communications: Summary Report on the General Medicare Population, Final Draft, October 1988, Health Care Financing Administration.